PTO/SB/01 (12-97)

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	LARATION FOR UTILITY OF DESIGN PATENT APPLICATION (37 CFR 1.63)	Attorney Docket Number	er 2401.146.US		
DECLARA			First Named Inventor	David C. Hacker	
PATE			COMPLETI	E IF KNOWN	
			Application Number		
-		—	Filing Date		
☑ Declaration Submitted	OR	☐ Declaration Submitted after Initial	Group Art Unit		
with Initial Filing		Filing (surcharge (37 CFR 1.16 (e)) required)	Examiner Name		

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As a below named inventor, I hereby declare that:										
My residence, post office address, and	My residence, post office address, and citizenship are as stated below next to my name.									
I believe I am the original, first and so	le inventor (if only	one name is listed below)	or an original, fir	st and joint inven	ntor (if plural					
names are listed below) of the subject				ute invention en	illied.					
Apparatus and Method for	r intraoperati	ve Neurai Monitori	ng							
the specification of which	Citto	of the Invention)								
is attached hereto	(Title	or the invention,								
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I hereby state that I have reviewed and amended by any amendment specifical	d understand the d	contents of the above ident	tified specification	n, including the c	daims, as					
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DECLARATION — Utility or Design Patent Application

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David C.					,	<i>;</i> ——,	Н	acker						,
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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page _1_ of _2_

Name of Additional Joint Inventor, if an	y:		A petition has been file	ed for th	his unsigned inventor			
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Stanley A.		Ski	nner					
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Mailing Address 183 Whitegate Lane								
Mailing Address								
_{city} Wayzata	State MN		_{ZIP} 55391	Count	_y US			
Name of Additional Joint Inventor, if ar	ıy:		A petition has been file	d for thi	is unsigned inventor			
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Ensor E.			Transfeldt					
Inventor's C C C Signature	8				Date /2/29/03			
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Mailing Address 13 Paddock Road								
Mailing Address								
_{city} Edina	State MN		_{ZIP} 55424	Cou	untry US			
Name of Additional Joint Inventor, if a		_	A petition has been filed	for this	s unsigned inventor			
Given Name (first and middle [if any])		Family	Name	or Surname			
Peter P.		St	errantino					
Inventor's Signature Date 12/29/b3								
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Mailing Address 1832 GRASSINGTON WAY N.								
Mailing Address								
City JACKSONVILLE	State F4		ZIP 32223	С	ountry USA			

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DECLARATION

ADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 2 of 2

Name of Additional Joint Inventor, if an	y:			A petition has been	filed for t	his unsigned inventor	
Given Name (first and middle [if any])			Family N	ame or S	Surname		
Lionel		Rup	p				
Inventor's Signature by Katherine Rupp, Legal Representativ	e for L	ionel Rup	р	Date			
Residence: City Bohemia	State	NY		country US		Citizenship	
Mailing Address 27 Belver Drive				,			
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city Bohemia	Stat	_e NY		_{ZIP} 11716	Count	ry US	
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